hemorrhage in the right cerebellar hemisphere and a small one in the left.

3. *Pupillometer.*—The author describes an instrument for studying the size, form and reaction of the pupils.

4. *Morphine Changes.*—A case with necropsy is reported which was considered one of morphin poisoning for lack of other etiological factor. Degeneration shown by Marchi method was present in the posterior columns and direct cerebellar tracts most extensive in the cervical region. The anterior and posterior nerve roots of different levels were degenerated. Root entrance zones unaffected. Gray matter normal. Proliferation of the glia in small spots in the cervical region. No signs of inflammation. Degeneration of peripheral nerves of left hand.

5. *Adrenalin Poisoning.*—Experiments with young animals which were injected with adrenalin daily or every second day and examined after a few days to a month showed the following changes: (1) Shrinkage of nerve cells. (2) Vascular degeneration and thickening of walls. Peri-vascular round cell accumulation and hemorrhage. (3) Increase of ependyma of ventricles. (4) Pia shows productive inflammation in spots under which glia is proliferated.

S. D. Ingham (Philadelphia).

Revue de Psychiatrie et de Psychologie Experimentale

(May, 1907)

1. Two Asylums for the Criminal Insane. H. Colin.
2. The Delirium of Persecution Occurring at the Involution Period of Life. L. Marchand.
3. Carbonic Acid Baths for the Insane. M. Bellstrud.

1. *Asylums for Criminal Insane.*—The article is a plea for special hospitals for the criminal insane. He takes his text from a visit to two German institutions—Düren and Bruchsal. He sees nothing in these institutions to copy—they are too prison like. He does not believe asylums for the criminal insane should be attached to prisons but should be absolutely independent establishments and says that the only countries which have satisfactorily met this problem are England with Broadmoor, and the United States with Matteawan and Dannemora.

2. *Delirium of Persecution in Period of Involution.*—The author thinks that in the realm of mental disease not enough stress has been laid on the influence of age conditions on the type of reaction: Not as much stress for example as in general medicine. He cites three cases in detail of delirium of persecution occurring at the ages of 63, 64 and 67 respectively. In these cases the prodromal period was short, the delirium of rapid development, ideas of megalomanic type soon followed and were mobile and fugitive. They presented psycho-motor hallucinations, doubling of the personality, and neologisms suggesting the psychosis of adolescence. They did not react as paranoiacs do to their persecutions but endured their sufferings and committed no acts of violence, and they differed also from them in presenting enfeeblement of memory at the beginning of the psychosis. The prognosis is grave. These symptoms present an entirely different picture from that of involution melancholia, presenile delusional insanity, or senile dementia, the three psychoses forming the group of involution psychoses of Kraepelin.

3. *Carbonic Acid Baths.*—A series of fifteen observations of the effect

of carbonic acid baths in different types of insanity and a description of the method of giving them. The baths seemed to influence favorably the circulation, the sleep, and especially conditions of hyperesthesia.

(June, 1907)

1. Acquired Idiocy and Dementia in Epilepsy. L. MARCHAND.
2. Latent or Spontaneous Idea of Suicide in a Case of Confusion. H. DAMAYE.

1. *Idiocy and Dementia in Epilepsy.*—The author concludes: Epileptic dementia is a profound intellectual enfeeblement, irremediable, which supervenes in a certain number of epileptics. The moiety of epileptic dements have hereditarily burdened antecedents. Epileptic dementia may supervene at all ages of life, but it appears with a certain predilection at the time of adolescence. As among epileptics in general, one finds, in the personal antecedents of epileptic dementia, infantile convulsions, grave infectious maladies. Supervening before puberty epileptic dementia takes the form of idiocy or imbecility. Supervening at puberty or during adolescence it takes the form of dementia præcox. When the motor disturbances are accentuated it is characterized by two special forms: spasmodic epileptic dementia, and epileptic dementia of the form of pseudo-general paralysis. Epilepsy supervening in the adult and the aged can be accompanied by dementia; in this case one does not give to the patients the designation of epileptic dements; the epileptic attacks and the dementia accompanying other troubles which permit specifying the cerebral lesions that determine the syndrome. Chronic meningo-encephalitis and chronic meningo-corticalitis are the cerebral conditions that one encounters most frequently among epileptic dements, but all extensive and diffuse lesions can determine epilepsy and dementia. In the adult alcoholism, syphilis and tuberculosis frequently determine the meningo-cortical lesions which show themselves clinically by dementia and epilepsy; cerebral tumors and cerebral arterio-sclerosis are equally a frequent cause of epileptic dementia. Epilepsy and dementia can be early symptoms of general paralysis and one can say that there exists a symptomatic epileptic dementia of diffuse, sub-acute meningo-encephalitis.

2. *Suicide Idea in Confusion.*—The report of a case of suicide of a patient who never had expressed any suicidal ideas. The author thinks she may have taken this means to escape her persecutors.

(July, 1907)

1. Frequency and Pathogenesis of Fatal Ictus in General Paresis. A. VIGOROUX.
2. General Pathology of Nerve Conductors. G. DURANTE.

1. *Fatal Ictus in Paresis.*—There is great divergence of opinion both as to the pathogenesis of the apoplectiform and epileptiform attacks of paresis and as to the frequency with which they are a mode of termination of the disease. As to the pathogenesis all sorts of theories have been held, especially those of anemia, congestion and edema which, however, have not been confirmed at autopsy. The author believes the attacks to be of toxic-infectious origin. This is the theory that is coming more and more to the front and has been accepted largely in idiopathic epilepsy, eclampsia, uremic convulsions, senile and late epilepsy, the ictus of dementia præcox, etc. Two conditions are necessary: (1) The existence of hyperexcitability of the motor cortex—the predisposing cause. (2) The

action of toxins at the hyperexcitable zone—the determining cause. The meningo-encephalitis accounts for the increased excitability of the motor cortex and supplies the predisposing cause, the toxins may arise from various sources. In forty-seven cases studied in which death was due to ictus, in nine there was meningeal hemorrhage, in two cerebral softening and in one, cerebral hemorrhage. Eliminating these twelve cases the following thirty-five showed the following conditions: Eleven, infections from the alimentary canal; five, uremia; one, diabetes; two, infections of the urinary tract; eight, acute infections of the pleura and lungs; and eight cases in which neither intoxication nor infection was demonstrable either clinically or at autopsy. In conclusion—ictus is a mode of termination in about one third of the cases of paresis. It cannot be considered as an habitual mode of termination, it is rather a more or less grave complication avoidable so far as it is possible to prevent by rational hygiene chances of infection and auto-intoxication.

2. *Pathology of Nerve Conductors.*—A somewhat extensive article dealing with biology, embryology, anatomy, physiology and pathology of nerves and concluding with certain medical and surgical inferences based thereon. The article is so condensed and treats of so many aspects of the subject that it does not lend itself to ready abstraction. The author repudiates the neurone doctrine and tries to explain certain medical and surgical conditions that appear incongruous on a new supposition that the prolongations of the cell are formed of chains of neuroblasts united at their extremities but preserving a certain autonomy.

W. A. White (Washington).

Revue Neurologique

(Vol. 15. No. 11. June 15, 1907)

1. Some Words Concerning the Work of M. Nageotte; Experimental Research on the Morphology of the Cells and Fibers of the Spinal Ganglia. M. G. Marinesco.
2. Research in the Psychology of Aphasics, "Memory" in Aphasics. N. Vaschide.

1. *Spinal Ganglia.*—Marinesco claims priority for experiments in transplantation of ganglia. The phagocytosis of the degenerating cells is carried on by polynuclear leucocytes.

2. *Memory in Aphasia.*—Memory in aphasics is replaced by a sort of intuition, a "reconnaissance-souvenir" an intellectual phenomenon which implies the existence of a subconscious association of spontaneous ideas, a sort of automatic revival of mental images.

(Vol. 15. No. 12. June 30, 1907)

1. On the Existence of Peripheral Factors in the Genesis of the Pathologic Reflex of the Great Toe. L. Baid.
2. The Sense of Pressure (Baresthesia). Max Egger.

1. *Toe Reflexes.*—In some cases of injury to the foot or leg followed by deformity and consequent change in the automatism of walking the reflex movements of the toes may be reversed also in cases where another automatic movement of the feet is developed by long use, such as moving a sewing machine by a treadle. The author cites cases of each sort.

2. *Pressure Sense.*—The author finds that contrary to the views of